

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088208	2 Total pages filed: 7		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Charles A.	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/28/2024	
	NICKNAME	LAST Fuentes	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4523 Emma Way San Antonio, TX 78222			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Vanessa	MI MI		
	NICKNAME	LAST Amaya	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4523 Emma Way San Antonio, TX 78222				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(830)	998-9768			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	01	27	2024		02/24/2024
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	03	05	2024	<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)	
				State Representative District 119	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,240.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 352.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,240.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Mr. Charles A. Fuentes
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,240.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 352.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/7
2 FILER NAME Fuentes, Charles A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088208
4 Date 02/20/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 17160004) Communications Workers of America	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Washington DC, DC 20001	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 1716004) Communications Workers of America	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Washington DC, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Zachary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cibolo, TX 78108	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defelice, Michael	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code San Antonio , TX 78209	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaldson, Sarah	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio , TX 78210	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TRLA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7
2 FILER NAME Fuentes, Charles A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088208
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espiritu Azocar, Melina <hr/> 6 Contributor address; City; State; Zip Code San Antonio , TX 78254	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes , Oscar <hr/> Contributor address; City; State; Zip Code Somerset, TX 78069	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffett , Billy <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Communications Workers of America
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> Contributor address; City; State; Zip Code El reno, OK 73036	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Alliance <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/7
2 FILER NAME Fuentes, Charles A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088208
4 Date 02/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walling, Sara <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78747	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Senior Campaign Lead		9 Employer (See Instructions) Communications Workers of America

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 7/7	2 FILER NAME Fuentes, Charles A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088208
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 02/23/2024	6 Payee name Prestige Printing
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7 Amount (\$) \$352.00	8 Payee address; City; State; Zip Code 8 Burwood Ln. San Antonio, TX 78216
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed campaign material
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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